

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052
www.boonecounty.in.gov/health

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



BOONE COUNTY
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

This complaint is being registered by:

Date_____

Name_____Address_____

City/Zip_____Phone_____

I am willing to sign an affidavit regarding the conditions listed below: Yes_____ No_____

I am willing to testify to the conditions listed below in a court of law: Yes_____ No_____

I, hereby register a public health complaint with the health officer of Boone County against:

Name_____Address_____

City/Zip_____Phone_____

Location, if different than address above_____

TYPE OF COMPLAINT

____ Air Quality (open burning, pollution, etc.)

____ Litter/Trash

____ Other

____ Food

____ Public Swimming Pool/Spa

____ Housing (animals, roaches, trash, etc.)

____ Septic/Waste Water

____ Industrial/Commercial

____ Vector Control (mosquitoes, rats, flies, etc.)

The public health complaint is being filed for the following reasons (provide specific details):_____

PLEASE SIGN BELOW ACKNOWLEDGING YOU HAVE READ THE FOLLOWING STATEMENTS

- The Boone County Health Department was established by law to carry out certain duties and to enforce certain laws specifically assigned it by the State Legislature and the Boone County Commissioners. There are many cases in which the Health Department or its representative has no authority to act. However, upon receiving a complaint regarding a possible public health hazard it is the duty of the local health officer to investigate and order abatement if such is warranted.
- All information collected or submitted in this complaint may be subject to disclosure. Upon request, the health department shall provide a copy of the complaint to any person who is the subject of the complaint.
- Any person who provides false information upon which a health officer relies in issuing an order under this section commits a Class C infraction.

Signature of Complainant

Property Address: _____ Parcel #: _____
Defendant's Name: _____ Phone #: _____
Property Owner's Name (if different than above): _____ Phone #: _____

Complaint Assigned to: _____

Date Investigated: _____

Notes: _____

Notice (verbal - written) Verbal Notice Date: _____ Written Notice (regular - certified) Date: _____
Time allowed to abate public health problem: _____

Follow-Up Inspection Date: _____

Notes: _____

Date Condition corrected: _____

Date Complaint turned over to Health Department Attorney: _____

Signed: _____
Environmental Health Specialist

Complaint Closed: _____
Date

File Location: _____